What do I do about …

formed stool in the pool?

Formed stools can act as a container for germs. If the fecal matter is solid, removing the feces from the pool without breaking it apart will decrease the likelihood of pool contamination. In addition, RWIs are more likely to be spread when someone who is ill with diarrhea has a fecal accident in the pool.

diarrhea in the pool?

Those who swim when ill with diarrhea place other swimmers at a significant risk for getting sick. Diarrheal accidents are much more likely than formed stool to contain germs. Therefore, it is important that all pool managers stress to patrons that swimming when ill with diarrhea is an unhealthy pool behavior.

1. For both formed stool and diarrhea, direct everyone to leave the pool. If you have multiple pools that use the same filter—all pools will have to be shut down. Do not allow anyone to enter the contaminated pool(s) until all decontamination procedures are completed.
2. Remove as much of the fecal material as possible using a net or scoop and dispose of it in a sanitary manner. Clean and disinfect the net or scoop (e.g., after cleaning, leave the net or scoop immersed in the pool during disinfection).

VACUUMING STOOL FROM THE POOL IS NOT RECOMMENDED.

3. Raise the chlorine to 2 ppm (if less than 2 ppm), and ensure the pH is between 7.2 - 7.5. This chlorine concentration was selected to keep the pool closure time to approximately 30 minutes. Other concentrations or closure times can be used as long as the CT inactivation value[1] is kept constant.
4. Maintain the chlorine concentration at 2.0 ppm, pH 7.2 - 7.5, for at least 25 minutes before reopening the pool. State or local regulators may require higher chlorine levels in the presence of chlorine stabilizers such as chlorinated isocyanurates. Ensure that the filtration system is operating while the pool reaches and maintains the proper free available chlorine concentration during the disinfection process.

3. Raise the free available chlorine concentration to 20 ppm[2] (mg/L) and maintain the pH between 7.2 and 7.5. This chlorine and pH level should be sufficient to inactivate *Cryptosporidium* and should be maintained for at least 8 hours, equivalent to a CT inactivation value of 9600.
4. Ensure that the filtration system is operating while the pool reaches and maintains the proper chlorine level during disinfection. If necessary, consult an aquatics professional to determine and identify the feasibility, practical methods, and safety considerations before attempting the hyperchlorination of any pool.
5. Backwash the filter thoroughly after reaching the CT value. Be sure the effluent is discharged directly to waste and in accordance with state or local regulations. Do not return the backwash through the filter. Where appropriate, replace the filter media.
6. Swimmers may be allowed back into the pool after the required CT value has been achieved and the chlorine level has been returned to the normal operating range allowed by the state or local regulatory authority.

Establish a fecal accident log. Document each fecal accident by recording date and time of the event, note whether formed stool or diarrhea, and note the chlorine levels at the time or observation of the event. Before reopening the pool, record the pH, the procedures followed in response to the fecal accident (including the process used to increase chlorine levels if necessary), and the contact time.

[1] CT refers to concentration (C) of free available chlorine in ppm multiplied by time (T) in minutes. If pool operators want to use a different chlorine concentration or inactivation time, they need to ensure that CT values always remain the same (See Figure 1 for examples).

[2] Many conventional test kits cannot measure free available chlorine levels this high. Use chlorine test strips that can measure free available chlorine in a range that includes 20 ppm (such as those used in the food industry) or make dilutions for use in a standard DPD test kit using chlorine-free water.

For more information about the CDC Fecal Accident Recommendations, please go to http://www.cdc.gov/healthyswimming/fecal_response.htm